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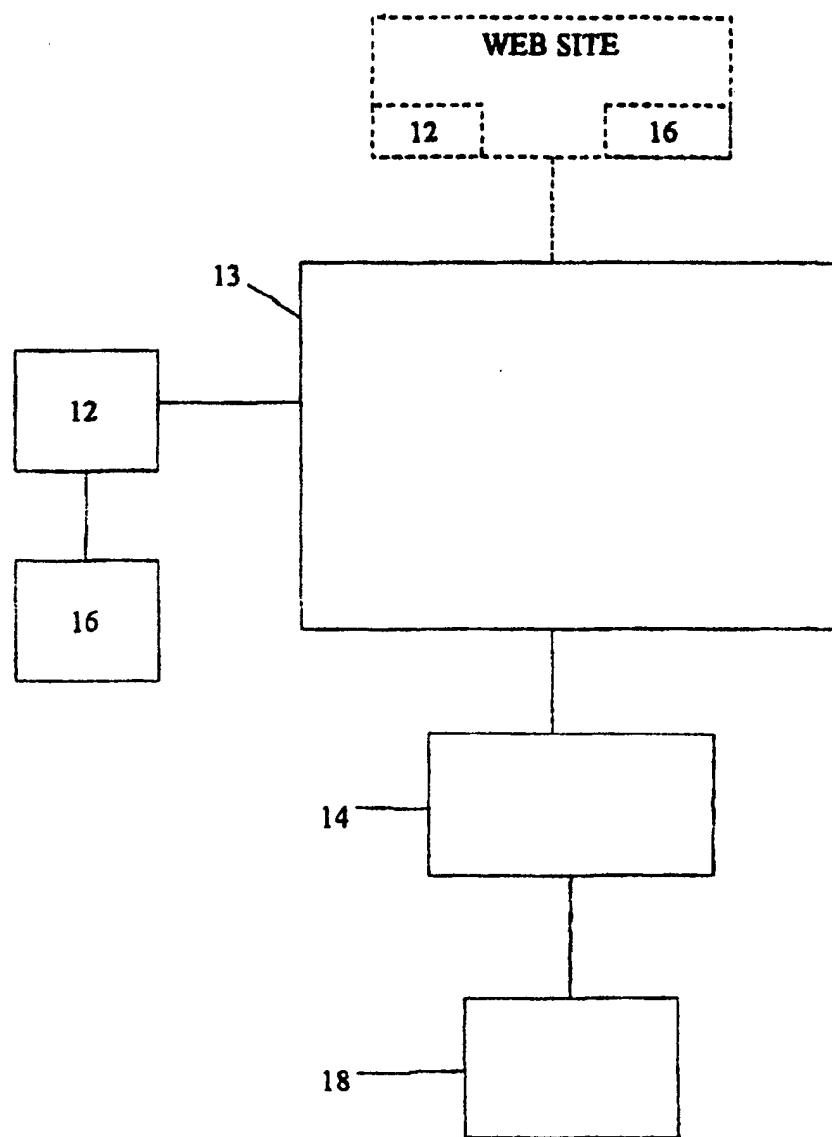


FIG. 1

This LifeReport For:

John Smith-20

100 Sunnymead Rd.

Somerville, NJ 08876

Work:

Insured By: Medicare A&B

ID#: 100-10-1000

Group #:

18 READ IN EMERGENCY

Last Report Date: 11/10/99

24 Allergies 35g

QUINIGLUTE: swelling of feet & hands, dizziness & joint pain, 12/98
PROCANAMIDE SR & PROCANIBU 1000 mg BID; swelling of feet & hands, dizziness & joint pain, 10/09/98
SINUMET: dizzy, faint, LOW BP, sweaty, nausea 7/22/98 (Decreased to 1/2 pill. Now back to 1/2's)

22	Born: 8/30/00	Age: 75	SSN: 100-10-1000	Blood Type: A+
	Height: 5'8"	Weight: 162	Normal Blood Pressure: 140/80	
	<input checked="" type="checkbox"/> Tetanus Shot:		<input type="checkbox"/> Pneumonia Shot: 10/99	

☒ Living Will ☒ Organ Donor ☒ DNR Location: Daughter, Stephanie has.

25 Schedule of Medications (including Non-Prescription & Supplements)

		29	Morning Before Breakfast	Morning After Breakfast	Afternoon 2:00	Evening 8:00	Bedtime 10:00
26a	<input type="checkbox"/> Pepcid	27 (20 mg) <input checked="" type="checkbox"/> Dr. Mahal	empty stomach	○	○	○	○
26b	<input checked="" type="checkbox"/> Capoten	(25 mg) <input type="checkbox"/> Dr. Mahal		○	○	○	○
26c	<input checked="" type="checkbox"/> Simemet CR	(50/200) <input type="checkbox"/> Dr. Friedlander from 12:10 AM		○	○	○	○
26d	<input checked="" type="checkbox"/> Amantadine	(100 mg) <input type="checkbox"/> Dr. Friedlander 10:30 AM		○	○	○	○
26e	<input checked="" type="checkbox"/> Magoxide	(Vitamin) <input type="checkbox"/> Dr. Neiman		○			
26f	<input checked="" type="checkbox"/> Baby Aspirin	(81 mg) <input type="checkbox"/> Dr. Mahal		○			
26g	<input checked="" type="checkbox"/> Lamoxin	(0.25 mg) <input type="checkbox"/> Dr. Mahal		○			
26h	<input checked="" type="checkbox"/> ABC Plus Senior	(Vitamin) <input type="checkbox"/> Dr. Neiman		○			
26i	<input checked="" type="checkbox"/> Lasis (Furosemide)	(20 mg) <input type="checkbox"/> Dr. Mahal/ with juice		○			
26j	<input checked="" type="checkbox"/> Coumadin	(5 mg) <input type="checkbox"/> Dr. Mahal		○			
26k	<input checked="" type="checkbox"/> Patch Transderm Nitro	(0.2 mg/hr) <input type="checkbox"/> Dr. Mahal		Applies 9 AM Removes 9 PM			

26 Medications PRN "When Needed"

Nitrostat	(0.4 mg tab) <input type="checkbox"/> Dr. Mahal					
Tylenol						

27 Physicians

Dr. Deborah Neiman	Phone: 908-555-41632	Family Doctor	908-281-5848	Somerville, NJ		
Dr. Sharon S. Mahal	908-555-8668	Orthopedic	908-231-8761	Bridgewater, NJ		
Dr. Mark Penninger	732-555-7208	Otolaryngologist RWJ		New Brunswick, NJ		
Dr. Mark Penninger	732-555-7716	Private Jinn				
Dr. Friedlander	732-555-1310	Neurologist	973-267-7295	East Brunswick, NJ		
Dr. William Diehl	973-555-6400	Orthopedic	973-267-7295	Morristown, NJ		
Dr. Fleming	973-555-1850	Ears, Nose, Throat		Morristown, NJ		

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29 Current Medical Conditions 35b

DIABETES: 10/99
HEART DISEASE: Wears DEFIBRILLA-
TOR, 2/3/98
HERNIA: where esophagus did not heal,
10/97
ANEURYSM: on heart wall. Dr. Mahal,
8/12/96
PARKINSONS: diagnosed by Dr. Green-
berg, Somerville. Dr.ok Shlennet &
Artine 3/1/93

30 Surgeries & Procedures 35c

DEFIBRILATOR IMPLANT: AKD. Dr.
Penninger, RWJ. Had congestive heart
failure, 2/3/98
ESOPHAGUS CANCER: Dr. Diehl,
Morristown. Partial removal. Cured,
9/13/96
ANGIOPLASTY & STENT: Dr. Mahal
Morristown. Aneurysm on heart wall,
8/12/96
ANGIOPLASTY: Dr. Ganz, Newark Beth
Israel: 10/18/99

31 In Case of Emergency... Call:

Stephanie Ward . . . Daughter . . . Companion . . . 908-555-8592
Cell Phone: Work: 908-559-1514
Peter M. Hinatuk . . . Son . . . 908-555-6358
Cell Phone: Work:
Marge Jurkowski . . . Companion . . . 908-555-3837
Cell Phone: Work:
Richard Pharmacy 908-555-9223 Fax:

32 Past Medical Conditions 35d

DEHYDRATION: lowered Lasik, 8/27/98
DEPRESSION: 10 mg. Paxil from approx.
298 to 898
HEART ATTACK: 10/98

33 Note to Us: Please check that your LifeReport contains all

your medical information and that it is correct. Review with
your physician or health care provider. If there is a problem
with the software, please contact us toll-free at 877-354-
3373 or visit our website: www.LifeReport.com.

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Fig. 2



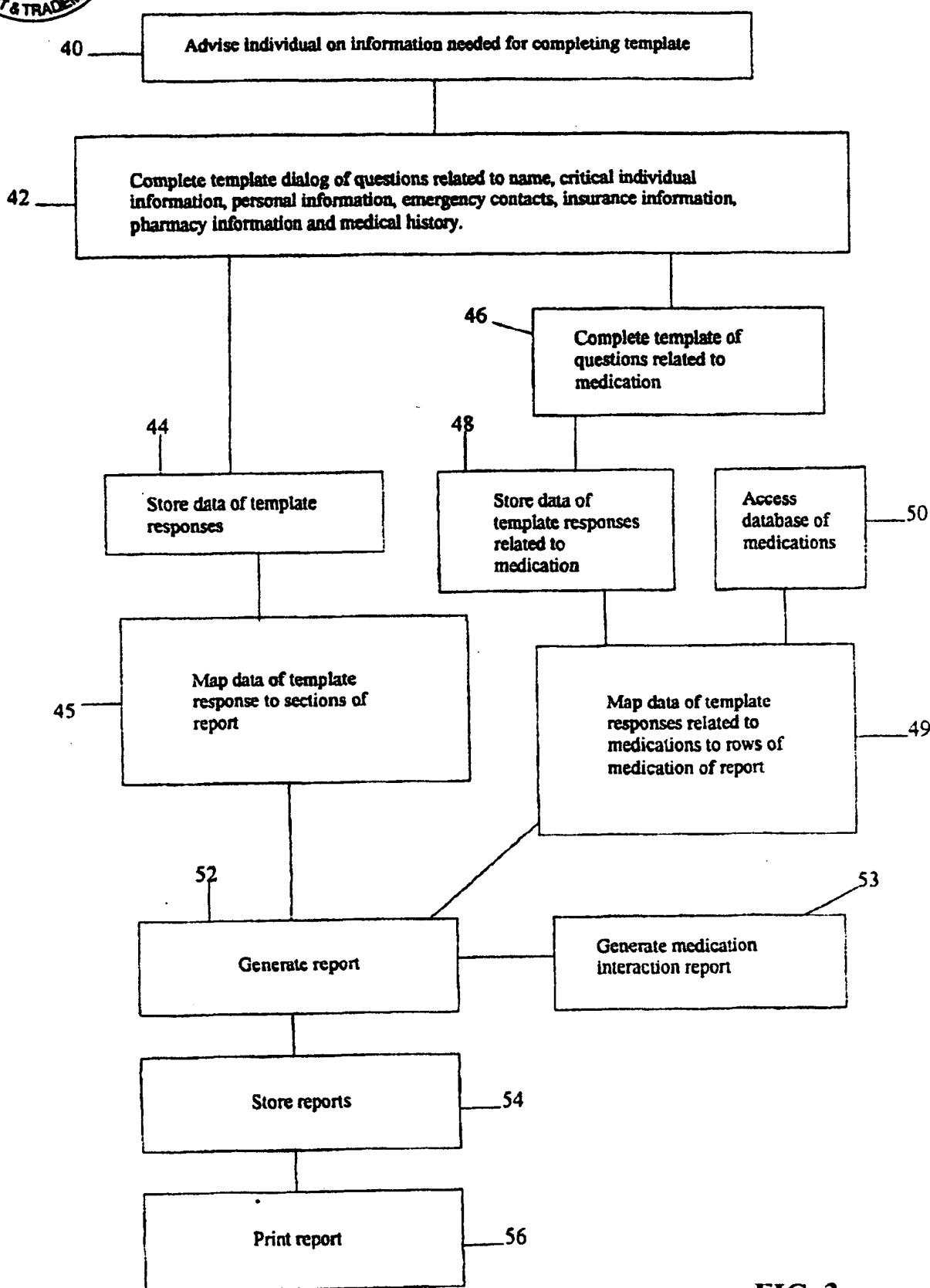


FIG. 3

The Question & Answer Session I: (Preliminary Information) begins with:

1. What is the name of the person for whom this LifeReport is being created?
2. The birth date?
3. The permanent address?
4. The phone number?
5. The fax number?
6. The E-Mail address?
7. Is there another residence? yes no
If yes, questions 3 thru 7 repeated until a no answer is given.
8. The Social Security #?
9. The Blood Type?
10. The Primary Insurance Carrier?

Name: _____ Identification #: _____

Group #: _____ Phone #: _____

11. The Secondary Insurance Carrier, if any?

Name: _____ Identification #: _____

Group #: _____ Phone #: _____

12. In Case of Emergency, who should be contacted? (please limit your choices to no more than six)

Fig. 4a

Cont. Fig. 4a

Phone: _____ Relation: _____ day _____ evening

13. Your Pharmacy?

Name: _____ Phone #: _____

14. Alternate Pharmacy?

Name: _____ Phone #: _____

15. The Physicians?

Name: _____ Type of Physician: _____

Address: _____

Phone #: _____ Fax #: _____

16. Is there another Physician? _____ yes _____ no

If yes, question 15 is repeated until a no answer is given.

17. Is there any Allergies?

Allergic to: _____

18. Is there another Allergy? _____ yes _____ no

If yes, question 17 is repeated until a no answer is given.

19. Is there any Medical Conditions?

Medical Condition: _____

Diagnosed by: _____ On: _____

20. Is there another Medical Condition? _____ yes _____ no

If yes, question 19 is repeated until a no answer is given.

21. Is there any Diseases?

Cont. Fig. 4a

Disease: _____

Diagnosed by: _____ On: _____

22. Is there another Disease? yes no

If yes, question 21 is repeated until a no answer is given.

23. Was there any Surgical Procedures?

Surgical Procedure: _____

Attending Physician: _____

Date of Surgery: _____

At What Hospital: _____

Outcome: _____

24. Is there another Surgical Procedure? yes no

If yes, question 23 is repeated until a no answer is given.

25. Is there Medical Alerts such as Pacemakers, Defibrillators, Insulin
Dependency?

Please Describe: _____

26. Is there another Medical Alert? yes no

If yes, question 25 is repeated until a no answer is given.

The **Question & Answer Session I: (Preliminary Information)** is complete.



Fig. 4b

The Question & Answer Session II: (*Prescription Regimen*) begins.

Please supply the information directly from the prescription or non-prescription bottle label. Prescription drugs include non-prescription drugs, if they are prescribed by a physician.

1. What is the prescription drug?

Name: _____

Dosage: _____

Prescribing

Physician: _____

Physician's Orders: _____

Date The Prescription was Filled: _____

2. Is there another Prescription Drug? _____ yes _____ no

If yes, question 1 is repeated until a no answer is given.

3. What is the non-prescription drug?

Name: _____

Dosage taken: _____

Recommended Dosage: _____

Physician's Orders: _____

4. Is there another Non-Prescription Drug? _____ yes _____ no

If yes, question 1 is repeated until a no answer is given.

5. What is the earliest time of the day a drug will be taken or given?

6. What is the latest time of the day a drug will be taken or given?

The Question & Answer Session II: (*Prescription Regimen*) is complete.

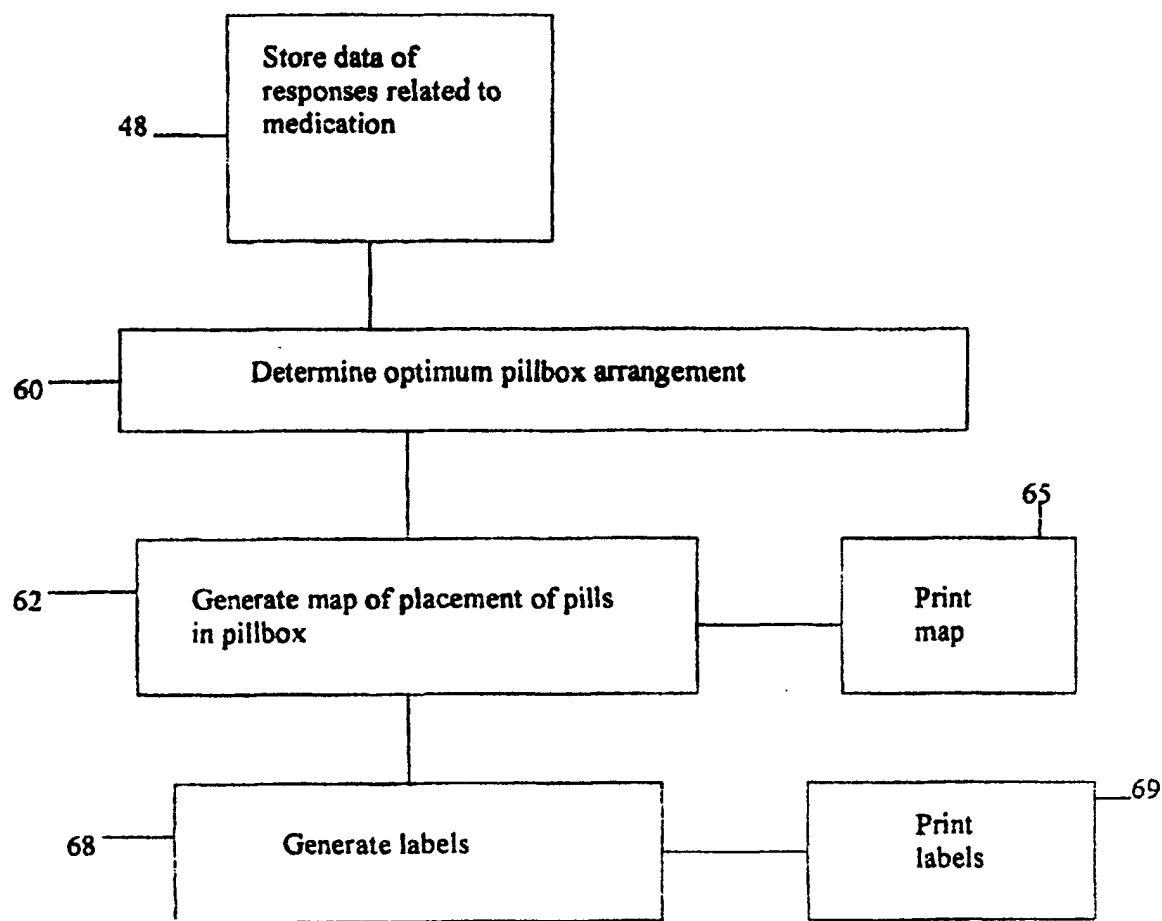


FIG. 5

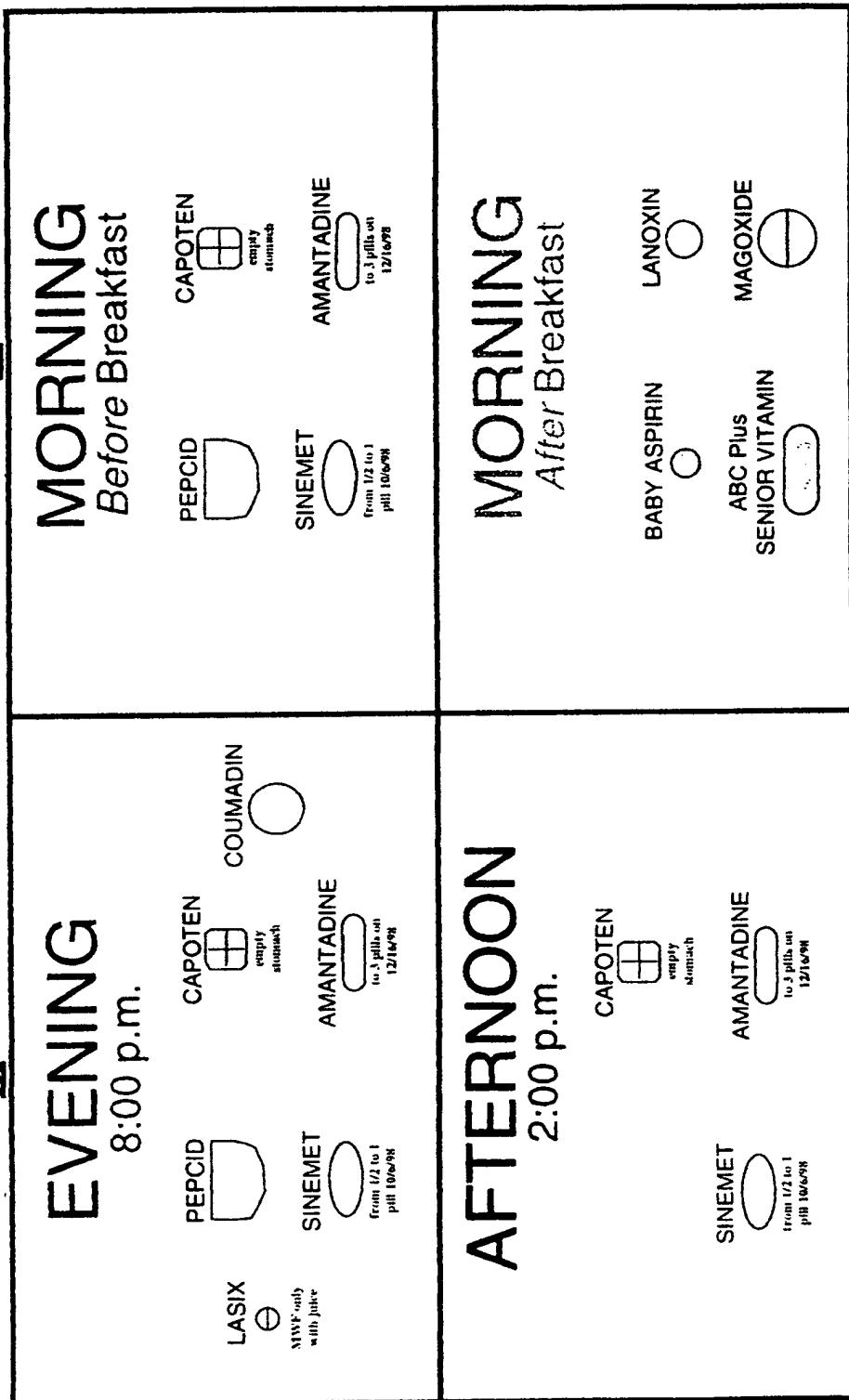
John Smith

How To Arrange Your Pillbox Your PILL BOX MAP

SS#: 100-10-1000

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RAVICH Transderm Nitro (0.2 mg/hr) *Dr. Miller* Apply 9 AM — Remove 9 PM
66d



66b

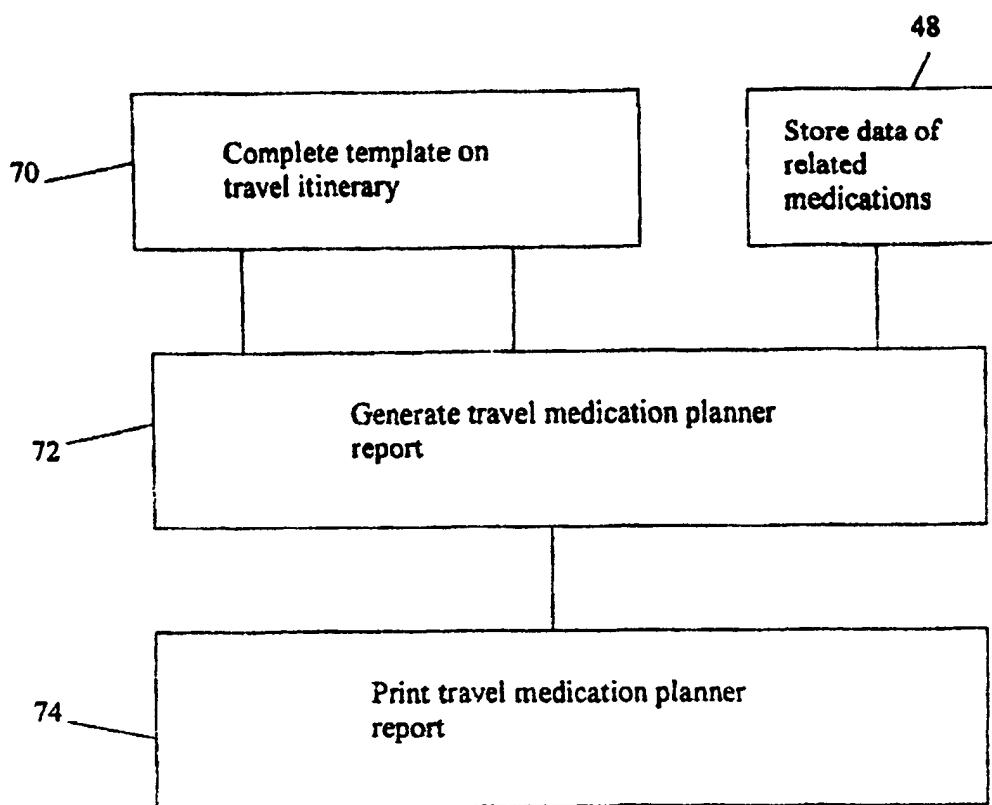
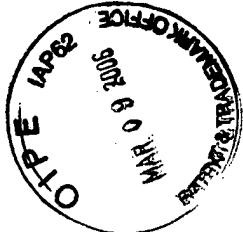


FIG. 7



John Smith SS#: 100-10-1000

Will You Have Enough Pills for Your Trip?.... Your TRIP PLANNER

Todays Date: November 15, 1999
 Trip Start Date: December 1, 1999
 Trip End Date: December 8, 1999
 Duration of Trip: 7 Days

No matter what time you leave for your trip....
 Take your trip medications starting in the morning of
 December 1, 1999.
 It's a good idea to take along 1 extra in case you lose a dose or are delayed.

If there is a
 date in this
 column you
 need a refill
 need a refill
 for your trip **Z**

26a

26b Medications (including Non-Prescription & Supplements)

		Date Filled	Doses per Prescription	Days Left after today	Prescription Empty's On	Earliest Refill Day for Trip	Doses to Take for Trip		
<input checked="" type="checkbox"/>	Pepcid	(20 mg) Dr. Mahal	11/01/99	60	2	15	11/30/99	11/23/99	
<input checked="" type="checkbox"/>	Capoten	(25 mg) Dr. Mahal	empty stomach	11/01/99	90	3	45	12/15/99	12/08/99*
<input checked="" type="checkbox"/>	Sinemet CR	(50/200) Dr. Friedlander	From 1/2 to 1 pill 106998	11/01/99	90	3	45	12/15/99	12/08/99*
<input checked="" type="checkbox"/>	Amantadine	(100 mg) Dr. Friedlander	to 3 pills on 12/10998	11/01/99	90	3	45	12/15/99	12/08/99*
<input checked="" type="checkbox"/>	Magoxide	(Vitamin) Dr. Neiman		11/01/99	100	1	85	02/12/00	7
<input checked="" type="checkbox"/>	Baby Aspirin	(81 mg) Dr. Mahal		10/25/99	100	1	79	01/18/00	7
<input checked="" type="checkbox"/>	Lanoxin	(0.25 mg) Dr. Mahal		11/01/99	30	1	15	11/30/99	11/23/99
<input checked="" type="checkbox"/>	ABC Plus Senior	(Vitamin) Dr. Neiman		10/01/99	100	1	54	01/09/00	7
<input checked="" type="checkbox"/>	Lasix (Furosemide)	(20 mg) Dr. Mahal	NWY only with juice	11/01/99	30	1	15	11/30/99	11/30/99
<input checked="" type="checkbox"/>	Coumadin	(5 mg) Dr. Mahal		10/20/99	30	1	4	11/19/99	7
<input checked="" type="checkbox"/>	PATCH Transderm Nitro	(0.2 mg/hr) Dr. Mahal	Apply * AM Remove * PM	10/25/99	60	1	39	11/29/99	11/22/99
26c									
26d									
26e									
26f									
26g									
26h									
26i									
26j									
26k									
26l									
26m									
26n									
26o									
26p									
26q									
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26s									
26t									
26u									
26v									
26w									
26x									
26y									
26z									

33

Eckerd Pharmacy 908-281-9223 Fax:

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* Even though many insurance carriers from upon refilling prescriptions more than 7 days in advance, explain to your pharmacist that you are taking a trip and need an earlier refill date to assure you will have enough medications.

Advice: Refill all needed medications at the same time.... 11/20/99.

Fig. 8